

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

June 29, 2006

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Target, 333 North 48<sup>th</sup> Street requesting a class DK liquor license.

Target has requested that Brenda Schmidt be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Brenda Schmidt was born in Lincoln, Nebraska. She attended Doane College graduating in 1989.

Ms. Schmidt has been employed at Target since 1995.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) TARGET

☒ Manager      ☐ Owner      ☐ Other

Name: BRENDA Schmidt

US Citizen ?      ☒ Yes      ☐ No

Has applicant ever been cited for liquor law violations ? ☒ No      ☐ Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No      ☐ Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes      No      ☒ N/A

How is applicant if not an owner to be paid ? ☒ Salary      ☐ Hourly

How many hours will applicant be at the establishment ? 50+

Any other employment ? ☒ No      Yes, explain \_\_\_\_\_

Any previous experience with a liquor license? ☒ Yes      ☐ No

Any criminal convictions ? ☒ No      ☐ Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? Yes      ☒ No

Is applicant involved in any civil litigation ? ☒ No      ☐ Yes  
Comments \_\_\_\_\_

☒ Photo      ☒ Records Check      ☒ References

Comments \_\_\_\_\_

Interview Date 6/29/06



**Dave Heineman**  
Governor

set val. 6/24/06  
PM: 7/17/06  
**STATE OF NEBRASKA**

**NEBRASKA LIQUOR CONTROL COMMISSION**  
**Hobert B. Rupe**

*Executive Director*

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

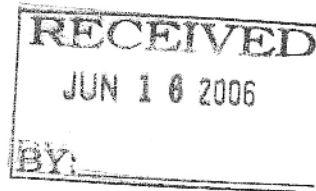
Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

June 15, 2006



ALC-063727  
35

Lincoln City Clerk  
555 S. 10<sup>th</sup> Street  
Lincoln, NE 68508-3993

**RE: Application for Class DK License for STL of Nebraska, Inc. DBA Target Store T-0217**  
Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time no less than 7 days, and no more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

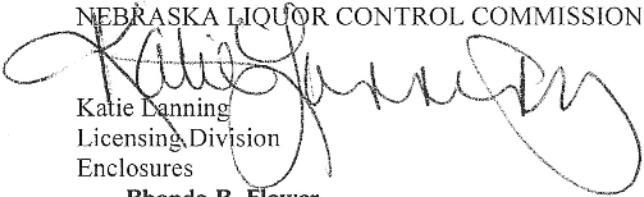
- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.


Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

  
Katie Danning  
Licensing Division  
Enclosures

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

  
**R.L. (Dick) Coyne**  
Commissioner

## RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date Mailed from Commission Office: June 15, 2006

I, \_\_\_\_\_ Clerk of \_\_\_\_\_  
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

**STL of Nebraska, Inc. DBA Target Store T-0217****333 N. 48<sup>th</sup> Street, Lincoln, NE 68504 – Lancaster County****Application for Class DK – 73140****45<sup>th</sup> day 7/31/06**

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

**Check one**.....Yes \_\_\_\_\_ No \_\_\_\_\_

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

**Check one**.....Yes \_\_\_\_\_ No \_\_\_\_\_

3. Date of hearing of Governing Body: \_\_\_\_\_

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Motion was made by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

6. Roll Call Vote: \_\_\_\_\_

\_\_\_\_\_

7. Check one: The motion passed: \_\_\_\_\_ The motion failed \_\_\_\_\_

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

\_\_\_\_\_

\_\_\_\_\_

(Attached additional page if necessary)

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

clerk's signature

LOCALS  
CLASS DK-73140  
KC

LICENSE APPLICATION CHECKLIST

Applicant Name SuperTarget Liquor of Nebraska, Inc. Telephone # 612-761-5541

Trade Name Target Store T-0217 Previous Trade Name

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE


- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint brochure.
- ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3 and Manager application (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- N/A ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- N/A ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- JA N/A ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- N/A ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- N/A ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

Bus Ck 2094533  
435-2063

- ☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,  
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

✓  
  
\_\_\_\_\_  
Signature

## APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

### CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

#### RETAIL LICENSE(S)

<input type="checkbox"/>	A	Beer, On Sale Only	\$45.00
<input type="checkbox"/>	B	Beer, Off Sale Only	\$45.00
<input type="checkbox"/>	C	Beer, Wine & Distilled Spirits, On & Off Sale	\$45.00
<input checked="" type="checkbox"/>	D	Beer, Wine & Distilled Spirits, Off Sale Only	\$45.00
<input type="checkbox"/>	I	Beer, Wine & Distilled Spirits, On Sale Only	\$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

#### MISCELLANEOUS

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	\$295.00 5,000 min.
<input type="checkbox"/>	X	Wholesale Liquor	\$545.00 5,000 min.
<input type="checkbox"/>	Y	Farm Winery	\$295.00 1,000 min.

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

#### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1  
☐ Partnership License, requires insert form 2  
☒ Corporate License, requires insert form 3a and manager application 3b

#### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Kayla Farnham Phone: 612-761-5541

Firm Name: Target Corporation

Firm address: 1000 Nicollet Mall, TPN-0910, Minneapolis, MN 55403

**PREMISE INFORMATION**

Trade Name (doing business as) Target Store T-0217

Street Address #1 333 N 48th St.

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

#2

Zip Code 68504

Telephone number at premise to be licensed 402-464-8292

Is this location inside the city/village corporate limits: ☒ YES

☐ NO

Mail to Address ( where you want receipt of Liquor Control Commission mailings)

Name: Kayla Farnham

Street Address #1 1000 Nicollet Mall, TPN-0910

Street Address #2 \_\_\_\_\_

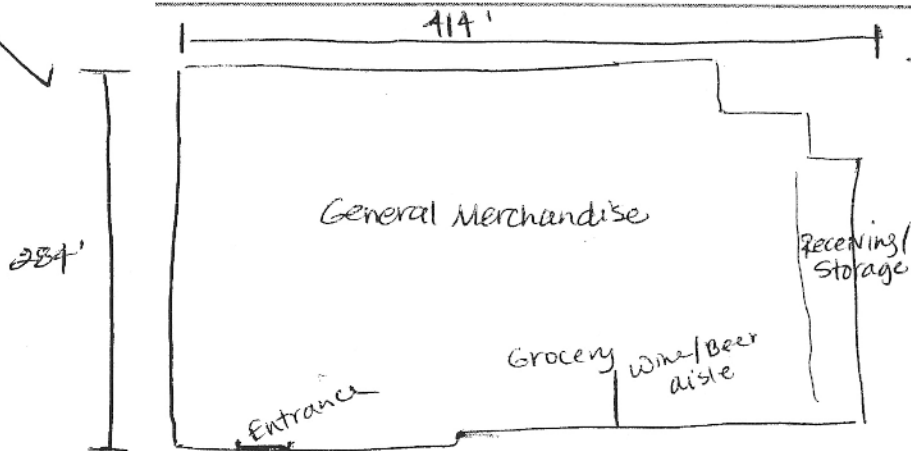
City Minneapolis, MN

County Hennepin

Zip Code 55403

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



Description: 414' x 284'  
main floor of 1 story  
building w/o basement

one story irregular  
shaped building  
284 x 414



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JUN - 7 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.  
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No

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NEBRASKA LIQUOR  
CONTROL COMMISSION

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

U.S. Bank - Business & Liquor Licensing staff  
Dept @ Headquarters

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held. Target Store T-0530, 4001 N 132nd St, Omaha, NE 68164, DK-32783  
Target Store T-0532, 718 N Washington St, Papillion, NE 68046, DK-51110  
Target Store T-1777, 17810 W Center Rd, Omaha, NE 68130, DK-53422  
All licenses held by SuperTarget Liquor of Nebraska, Inc.

- ✓ 12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.  
Brenda Schmidt, 40 hours

- x 13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Internal Training

See attached training manuals

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☐ Lease: expiration date Dec. 31, 2011  
☒ Deed  
☐ Purchase Agreement

- ✓ 15. When do you intend to open for business? store is already open

- ✓ 16. What will be the main nature of business? What are the anticipated hours of operation? Upscale discount retailer  
Mon-Sat, 8am-10pm; Sun 8am-9pm

- x 17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

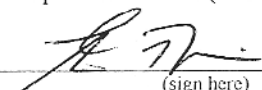
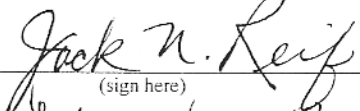
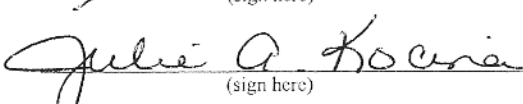
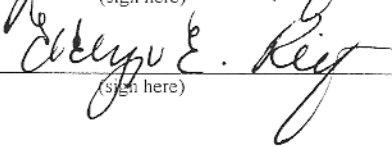
Applicant Name	From: Year	To: Year	City/State
Frank Theodore Kocina	1997	Present	Savage, MN
	1995	1997	Mason City, IA
Jack Neil Reif	1996	Present	Roseville, MN
Julie Kocina	1997	Present	Savage, MN
	1995	1997	Mason City, IA
Evelyn Reif	1996	Present	Roseville, MN

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

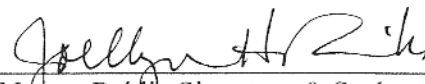
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

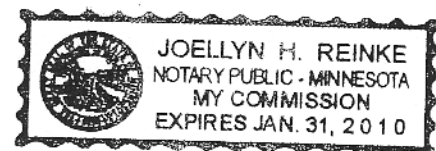
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

✓ <u></u> (sign here)	<u></u> (sign here)
<u></u> (sign here)	<u></u> (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

16 day of February, 2006

  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER D&K

NAME OF LICENSEE STL

of Nebraska, Inc.

TRADE NAME Target Store T-0217

PREMISE ADDRESS 333 N 48th St

CITY/STATE/ZIP CODE Lincoln, NE 68504

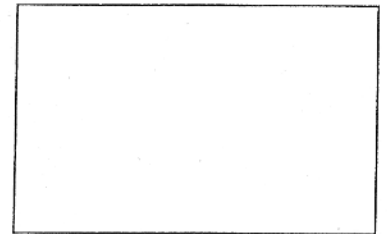
A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

Jack A. Reif  
Signature of Licensee

Subscribed in my presence and sworn to before me this 18 day of Jan 2006

Rosalind M. Zavada  
Notary Public Signature & Seal  
ROSALIND M. ZAVADA  
Notary Public - Minnesota  
My Commission Expires 01/31/2010

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***



301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>

**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION

STL.

of

Nebraska, Inc.

CLASS & LICENSE NUMBER D&K

TRADE NAME Target Store T-0217

STREET ADDRESS 333 N 48th St

CITY Lincoln

X [Signature]

Jack V. Rief

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Brenda Susan Schmidt

ADDRESS 2617 Kendel Dr.

CITY Ashland

STATE NE

ZIP CODE 68003

HOME PHONE NUMBER 402-297-4010

BUSINESS PHONE NUMBER 402-464-8292

SEX ☐ MALE ☒ FEMALE

SOCIAL SECURITY NUMBER [Redacted]

DATE OF BIRTH [Redacted]

PLACE OF BIRTH Lincoln, NE

DRIVERS LICENSE NUMBER & STATE G17005876, NE

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

X SPOUSE NAME Divorced (Legal on 3/29/06)

SOCIAL SECURITY NUMBER [Redacted]

DATE OF BIRTH [Redacted]

DRIVERS LICENSE NUMBER & STATE [Redacted]

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JUN - 7 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge, ~~chargeless~~ any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

**2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.**

☐ YES ☒ NO

**3. Have you or your spouse ever made a compromise settlement for violation of such laws?**

☐ YES ☒ NO

**4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)**

☒ YES ☐ NO

**5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?**

☒ YES ☐ NO

*prints enclosed*

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Ashland, NE	1998	2006	<i>not applicable - legally divorced 3/29/06</i>		
Nebraska City, NE	1995	1998			

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
4/2005	pres.	Target Corp (Target Store T-0217)	Katie Russo	402-464-8292
2002	4/2005	Target Corp (Target Store T-532)	Will Clanton	402-597-9900

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**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

*Brenda Schmidt*

Signature of Applicant

X N/A

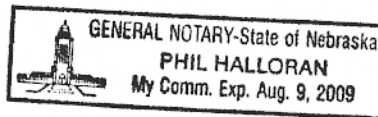
Signature of Spouse

Subscribed in my presence and sworn to before me this 3rd  
day of February 2006

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

*Phil Halloran*

Notary Signature & Seal

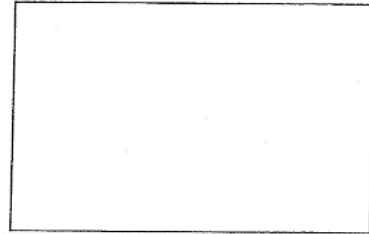


Notary Signature & Seal



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

STL of Nebraska, Inc.

Corporate Street Address: 1000 Nicollet Mall, TPN-0910

City: Minneapolis State: MN Zip Code: 55403

Corporate Telephone Number 612-761-5541

Total number of shares issued (if corporation) 1,000 common shares

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent CT Corporation

Name of Proposed Manager Brenda Schmidt

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Kocina First Name: Frank MI T

Address Street 13986 W Virginia Ave City Savage

State MN Zip Code 55378 Home Phone number 952-440-6994

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Reif First Name Jack

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title Vice President, Secretary & Treasurer Number of Shares 0

Spouse Name (indicate N/A if single) Evelyn E Reif

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares 0

---

Last Name Target Corporation First Name

Social Security Number [REDACTED] Date of Birth

Title  Number of Shares

Spouse Name (indicate N/A if single)

Spouse Social Security Number  Date of Birth

Title  Number of Shares

---

Last Name Kocina First Name Frank

Social Security Number [REDACTED] Date of Birth 1/1/20

Title President Number of Shares

Spouse Name (indicate N/A if single) Julie Kocina

Spouse Social Security Number [REDACTED] Date of Birth 7/1/20

Title  Number of Shares

---

Is this Corporation or Limited Liability Company controlled by another Corporation?

☒ Yes ☐ No

If yes, give name of corporation and supply organizational chart  
Target Corporation

Indicate tax year with the IRS

Starting Date February 1 Ending Date January 31

Jack N. Reif X E. N. K.  
Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

18 day of Jan, 2006

5 day of June, 2006

Rosalind M. Zavada  
Notary Public Signature & Seal  
ROSALIND M. ZAVADA  
Notary Public - Minnesota  
My Commission Expires 01/31/2010

Joellyn H. Reinke  
JOELLYN H. REINKE  
NOTARY PUBLIC - MINNESOTA  
MY COMMISSION  
EXPIRES JAN. 31, 2010

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

FEB 22 2006

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR  
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Elynn E. Reif  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 19 day  
of Jan, 2006.



Rosalind M. Zavada  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Jack N. Reif Jack N. Reif  
Signature of licensee/applicant Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 19 day  
of Jan, 2006.



Rosalind M. Zavada  
Signature of Notary Public

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

JUN - 7 2006  
FEB 22 2006

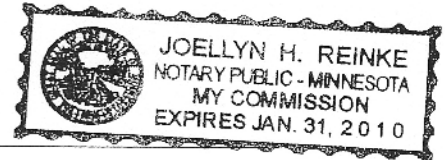
NEBRASKA LIQUOR  
CONTROL COMMISSION

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Julie A. Kocina  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 16 day  
of February, 2006.

Joellyn H. Reinke  
Signature of Notary Public



The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Frank T. Kocina  
Signature of licensee/applicant, Frank T. Kocina  
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 16 day  
of February, 2006.

Joellyn H. Reinke  
Signature of Notary Public

